

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 07/17)

| 1. CIR./DIST./ DIV. CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. PERSON REPRESENTED<br>KEVIN WILLIAMS                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         | VOUCHER NUMBER                                      |                      |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |
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| 3. MAG. DKT./DEF. NUMBER<br>20-205 - 03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                   | 4. DIST. DKT./DEF. NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5. APPEALS DKT./DEF. NUMBER                                                                                                                                                                                                             | 6. OTHER DKT. NUMBER                                |                      |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |
| 7. IN CASE/MATTER OF (Case Name)<br>USA v. Morris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                   | 8. PAYMENT CATEGORY<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense<br><input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other<br><input type="checkbox"/> Appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9. TYPE PERSON REPRESENTED<br><input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant<br><input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee<br><input type="checkbox"/> Other | 10. REPRESENTATION TYPE<br>(See Instructions)<br>CC |                      |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.<br>18 USC 1962 (d), etc. : Racketeering Conspiracy, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),<br>AND MAILING ADDRESS<br>Stacy Biancamano, Esq.<br>312 North Avenue East, Ste. 7<br>Cranford, NJ 07016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                   | 13. COURT ORDER<br><input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel<br><input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney<br><input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel<br><br>Prior Attorney's _____<br>Appointment Dates: _____<br><input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR<br><input type="checkbox"/> Other (See Instructions)<br><br>s/Leda Dunn Wettre<br><br>Signature of Presiding Judge or By Order of the Court<br>March 28, 2022<br>Date of Order _____ Nunc Pro Tunc Date _____<br>Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                                                                                                                                         |                                                     |                      |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>CLAIM FOR SERVICES AND EXPENSES</b> <span style="float: right;"><b>FOR COURT USE ONLY</b></span> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">CATEGORIES (Attach itemization of services with dates)</th> <th style="text-align: center; width: 20%;">HOURS CLAIMED</th> <th style="text-align: center; width: 15%;">TOTAL AMOUNT CLAIMED</th> <th style="text-align: center; width: 20%;">MATH/TECH. ADJUSTED HOURS</th> <th style="text-align: center; width: 15%;">MATH/TECH. ADJUSTED AMOUNT</th> <th style="text-align: center; width: 10%;">ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>15. In Court</td> <td>a. Arraignment and/or Plea<br/>b. Bail and Detention Hearings<br/>c. Motion Hearings<br/>d. Trial<br/>e. Sentencing Hearings<br/>f. Revocation Hearings<br/>g. Appeals Court<br/>h. Other (Specify on additional sheets)</td> <td></td> <td>0.00</td> <td></td> <td>0.00</td> </tr> <tr> <td></td> <td>(RATE PER HOUR = \$ ) <b>TOTALS:</b></td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>16. Out of Court</td> <td>a. Interviews and Conferences<br/>b. Obtaining and reviewing records<br/>c. Legal research and brief writing<br/>d. Travel time<br/>e. Investigative and other work (Specify on additional sheets)</td> <td></td> <td>0.00</td> <td></td> <td>0.00</td> </tr> <tr> <td></td> <td>(RATE PER HOUR = \$ ) <b>TOTALS:</b></td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>17.</td> <td>Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18.</td> <td>Other Expenses (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"><b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b></td> <td>0.00</td> <td></td> <td>0.00</td> <td></td> </tr> <tr> <td colspan="3">19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br/>FROM: _____ TO: _____</td> <td colspan="2">20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</td> <td>21. CASE DISPOSITION</td> </tr> <tr> <td colspan="6">22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment<br/>Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO<br/>Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.<br/><b>I swear or affirm the truth or correctness of the above statements.</b><br/>Signature of Attorney _____ Date _____</td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>APPROVED FOR PAYMENT — COURT USE ONLY</b></td> </tr> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. APPR./CERT. <b>\$0.00</b></td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDGE</td> <td>DATE</td> <td colspan="2">28a. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td>32. OTHER EXPENSES</td> <td colspan="2">33. TOTAL AMT. APPROVED <b>\$0.00</b></td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td>DATE</td> <td colspan="2">34a. JUDGE CODE</td> </tr> </tbody> </table> |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                         |                                                     |                      | CATEGORIES (Attach itemization of services with dates) | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT | ADDITIONAL REVIEW | 15. In Court | a. Arraignment and/or Plea<br>b. Bail and Detention Hearings<br>c. Motion Hearings<br>d. Trial<br>e. Sentencing Hearings<br>f. Revocation Hearings<br>g. Appeals Court<br>h. Other (Specify on additional sheets) |  | 0.00 |  | 0.00 |  | (RATE PER HOUR = \$ ) <b>TOTALS:</b> | 0.00 | 0.00 | 0.00 | 0.00 | 16. Out of Court | a. Interviews and Conferences<br>b. Obtaining and reviewing records<br>c. Legal research and brief writing<br>d. Travel time<br>e. Investigative and other work (Specify on additional sheets) |  | 0.00 |  | 0.00 |  | (RATE PER HOUR = \$ ) <b>TOTALS:</b> | 0.00 | 0.00 | 0.00 | 0.00 | 17. | Travel Expenses (lodging, parking, meals, mileage, etc.) |  |  |  |  | 18. | Other Expenses (other than expert, transcripts, etc.) |  |  |  |  | <b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b> |  | 0.00 |  | 0.00 |  | 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br>FROM: _____ TO: _____ |  |  | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION |  | 21. CASE DISPOSITION | 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment<br>Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.<br><b>I swear or affirm the truth or correctness of the above statements.</b><br>Signature of Attorney _____ Date _____ |  |  |  |  |  | <b>APPROVED FOR PAYMENT — COURT USE ONLY</b> |  |  |  |  |  | 23. IN COURT COMP. | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMT. APPR./CERT. <b>\$0.00</b> |  | 28. SIGNATURE OF THE PRESIDING JUDGE |  |  | DATE | 28a. JUDGE CODE |  | 29. IN COURT COMP. | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED <b>\$0.00</b> |  | 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. |  |  | DATE | 34a. JUDGE CODE |  |
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CLAIMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MATH/TECH. ADJUSTED HOURS                                                                                                                                                                                                               | MATH/TECH. ADJUSTED AMOUNT                          | ADDITIONAL REVIEW    |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |
| 15. In Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a. 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Other (Specify on additional sheets) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.00                                                                                                                                                                                                                                    |                                                     | 0.00                 |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |
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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (RATE PER HOUR = \$ ) <b>TOTALS:</b>                                                                                                                                                                              | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0.00                                                                                                                                                                                                                                    | 0.00                                                | 0.00                 |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                   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| 16. Out of Court                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | a. Interviews and Conferences<br>b. Obtaining and reviewing records<br>c. Legal research and brief writing<br>d. Travel time<br>e. Investigative and other work (Specify on additional sheets)                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0.00                                                                                                                                                                                                                                    |                                                     | 0.00                 |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |
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| 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other Expenses (other than expert, transcripts, etc.)                                                                                                                                                             |                 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| <b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br>FROM: _____ TO: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                           | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION                                                                                                                                                                          |                                                     | 21. CASE DISPOSITION |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment<br>Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.<br><b>I swear or affirm the truth or correctness of the above statements.</b><br>Signature of Attorney _____ Date _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <b>APPROVED FOR PAYMENT — COURT USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 23. IN COURT COMP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 24. OUT OF COURT COMP.                                                                                                                                                                                            | 25. TRAVEL EXPENSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 26. OTHER EXPENSES                                                                                                                                                                                                                      | 27. TOTAL AMT. APPR./CERT. <b>\$0.00</b>            |                      |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |
| 28. SIGNATURE OF THE PRESIDING JUDGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                           | DATE                                                                                                                                                                                                                                    | 28a. JUDGE CODE                                     |                      |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |
| 29. IN COURT COMP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 30. OUT OF COURT COMP.                                                                                                                                                                                            | 31. TRAVEL EXPENSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 32. OTHER EXPENSES                                                                                                                                                                                                                      | 33. TOTAL AMT. APPROVED <b>\$0.00</b>               |                      |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                           | DATE                                                                                                                                                                                                                                    | 34a. JUDGE CODE                                     |                      |                                                        |               |                      |                           |                            |                   |              |                                                                                                                                                                                                                   |  |      |  |      |  |                                      |      |      |      |      |                  |                                                                                                                                                                                                |  |      |  |      |  |                                      |      |      |      |      |     |                                                          |  |  |  |  |     |                                                       |  |  |  |  |                                             |  |      |  |      |  |                                                                                        |  |  |                                                                |  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |                                              |  |  |  |  |  |                    |                        |                     |                    |                                          |  |                                      |  |  |      |                 |  |                    |                        |                     |                    |                                       |  |                                                                                                                            |  |  |      |                 |  |